# Application Data Sheet

Application Information			 }
Application Type::	Regular		
Subject Matter::	Utility	• •	77-8 1 64,6
Suggested Classification::		، سرست پاکست او	1
Suggested Group Art Unit::			1. 1
CD-ROM or CD-R?::	None	: • <u>:</u> •	3/2
Number of CD disks::			ii.
Number of Copies of CDs::			
Sequence Submission?::	None		
Computer Readable Form (CRF)::	No		
Number of copies of CRF::	0		
Title::	METHOD FOR HIGH-RESOLUTION	3D	
	RECONSTRUCTION		**************************************
Attorney Docket Number::	1501-1311		James total
Request for Early	No		Same was d
Publication?::		٠	121
Request for Non-Publication?::	No		;
Suggested Drawing Figure::			ត់ 
Total Drawing Sheets::	1		
Small Entity?::	No		
Latin Name::			
Variety Denomination Name::		31·	j
Petition Included?::	No	ਚ ਦੇ	
Petition Type::		• .	
Licensed US Gov't Agency::		r	na anno ann i d na ann ainte d Na
Contract or Grant Numbers::			
Secrecy Order in Parent	No	:	. 75.7
Appl.?::			.:

Applicant Authority Type::

Applicant Information

Inventor

Primary Citizenship Country::

SWEDEN

Status::

Full Capacity

Given Name::

ULF

Middle Name::

Family Name::

SKOGLUND

Name Suffix::

City of Residence::

STOCKHOLM

State or Province of

Residence::

Country of Residence::

SWEDEN

Street of Mailing

SVEAVAGEN 55

Address::

City of Mailing Address::

STOCKHOLM

State or Province of Mailing Address::

Country of Mailing Address::

SWEDEN

Postal or Zip Code of Mailing Address:: SE-113 59

#### Correspondence Information

Correspondence Customer

00466

Number::

#### Representative Information

Representative Customer	00466
Number::	
·	

### Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::
This application	National Stage of	PCT/SE2004/000075	1/22/04

PCT/SE2004/000075	An appln.	60/319,915	1/30/03
	claiming the		
	benefit under		 12T1(3
	35 USC 119 (e)		• •

# Foreign Priority Information

Country::	Application	Filing Date::	Priority	
	Number::		Claimed::	
SWEDEN	0300223-5	1/30/03	Yes	5

## Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::